

4024-16.JAN.2103 TRADEMARK OFFICE

MAR 26 2003

WENMM/SB/21 (12/00)

3751

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	09/915,606
Filing Date	July 26, 2001
First Named Inventor	Juds n L. Smith
Group Art Unit	3751
Examiner Name	Timothy Maust

RECEIVED

MAR 31 2003

TECHNOLOGY CENTER R3700

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement with PTO form SB/08A	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

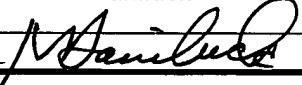
Remarks  
*REFERENCES WITH 105*

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	John V. Daniluck Woodard, Emhardt, Naughton, Moriarty & McNett LLP
Signature	
Date	March 18, 2003

**Certificate of Mailing**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington D.C. 20231 on this date:

Typed or printed name	John V. Daniluck
Signature	 18 March 2003
	Date March 18, 2003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual review. MAR 26 2003

Complete if Known

Application Number

09/915,606

Filing Date

July 26, 2001

First Named Inventor

Judson L. Smith

Group Art Unit

3751

Examiner Name

Timothy Maust

RECEIVED

MAR 31 2003

Total Amount of Payment

(\$ 755)

Attorney Docket Number

4024-16

## METHOD OF PAYMENT

## FEE CALCULATION (continued)

Check  Credit card  Money  Other  None  
Order

 Deposit Account:

Deposit Account Number

23-3030

Deposit Account Name

Woodard, Emhardt, Naughton,  
Moriarty & McNett LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility Filing Fee	
1002	330	2002	165	Design Filing Fee	
1003	520	2003	260	Plant Filing Fee	
1004	750	2004	375	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1) (\$ 0					

## 2. EXTRA CLAIM FEES

Total Claims	-20** =	Extra Claims	Fee From Below	Fee Paid
		X		=
Independent Claims	-3** =	X		=
Multiple Dependent				

Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9
Claims in excess of 20			
Independent claims in excess of 3			
Multiple dependent claim, if not paid			
**Reissue independent claims over original patent			
**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$ 0			

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Terminal Disclaimer			
Other Fee (specify) .....			
* Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 755			

Complete (if applicable)

SUBMITTED BY	Name (Print/Type)	John V. Daniluck	Registration No. (Attorney/Agent)	40,581	Telephone	(317) 634-3456
Signature		<i>John V. Daniluck</i>	18 March 2003	Date	March 18, 2003	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 202031.